

PRIMARY CARCINOMA OF THE FEMALE URETHRA.*

BY LEWIS S. McMURTRY, M.D.,
OF LOUISVILLE, KY.

THE literature of the subject is meagre and there is an absence of any detailed consideration of the same in the standard text-books on surgery and gynaecology. In 1898 but two cases were to be found in the Index Catalogue of the Surgeon-General's Office at Washington. The first systematic study of the subject, with investigation of the literature, was made by Melville Wassermann and published in Paris in 1895. Of the twenty-four cases reported by this writer a large proportion had been excluded because of the fact that the disease was not primarily of the urethra, but had its origin in adjacent structures. In many of Wassermann's series the diagnosis was not confirmed by microscopic examination. The meagre and imperfect observations of the early reports upon the subject led Alexander Skene in his comparatively recent treatise on gynaecology to declare that the existence of cancerous disease of the female urethra is doubted by many authors.

The first thorough and painstaking investigation of this subject was made in 1903 by Dr. J. F. Percy of Galesburg, Ill., and presented in a paper to the Chicago Gynaecological Society in that year. Dr. Percy made an analysis of the entire literature of the subject, and examined the original reports of cases accessible at that date. Percy's table of all recorded cases up to 1903 consisted of sixteen cases of unquestionable primary carcinoma of the female urethra.

The writer has made a diligent search of the literature in the Surgeon-General's Office in Washington to the present time, and has added eleven cases to the list as recorded by Percy. The entire list to date consists of twenty-seven cases.

He states that from inquiry among operative surgeons while investigating this subject he is led to believe that many cases have

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not been reported and that the disease is more common than the recorded list would indicate.

The writer reported two cases in which he has operated in the last three years. In both cases the disease originated in the urethra. Both were treated by complete excision of the urethra down to the sphincter muscle of the bladder. In one case the growth returned during the first year after operation and rapidly extended to the base of the bladder, the perivesical tissues and inguinal glands. No further operation was permitted. In the second case the pathological process was in its incipiency; the urethra was excised as indicated, prompt healing followed with perfect control of the bladder, and the patient continues without recurrence at the present time, one year after operation. Photomicrographs, showing the histologic changes in both cases were exhibited.

The writer claims that early diagnosis of carcinoma of the urethra of the female is difficult, because of the resemblance of the initial lesion, both as to appearance and symptoms, to urethral caruncle, a very common benign growth. He also called attention to the difficulty of differential diagnosis from certain syphilitic lesions which obtain in the same location.

The prognosis and treatment are the same as for carcinoma in other parts of the body. The great desideratum for successful treatment is habitual examination of all cases applying to the physician with painful micturition, early diagnosis of malignant types of disease, with complete excision in that early stage of invasion when permanent cure is possible.